MCDB Encounter File Processing
January 2007 - April 2008 Data

P280: Assurant/Fortis Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report

Eligible Services: 88,523
Services Submitted: 88,523

Source File: P280_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	3,469	4,295	23.8	39,820	50,887	27.8	2,162,371	2,613,380	20.9
4: Indemnity Care	4,176	5,195	24.4	32,286	37,636	16.6	1,953,059	2,371,934	21.4
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	**6,023**	**7,218**	**19.8**	**72,106**	**88,523**	**22.8**	**4,115,430**	**4,985,314**	**21.1**

Plan[2]	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	5,995	7,192	20.0	71,762	88,102	22.8	4,092,024	4,973,733	21.5
HMO Fee for Service									
HMO Capitated									
Medicare, All Types									
No Plan Assigned	28	26	-7.1	344	421	22.4	23,406	11,581	-50.5
Total	**6,023**	**7,218**	**19.8**	**72,106**	**88,523**	**22.8**	**4,115,430**	**4,985,314**	**21.1**

Coverage Type	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan	5,909	7,109	20.3	69,994	86,693	23.9	3,989,630	4,871,747	22.1
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured	114	109	-4.4	2,112	1,830	-13.4	125,800	113,567	-9.7
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	**6,023**	**7,218**	**19.8**	**72,106**	**88,523**	**22.8**	**4,115,430**	**4,985,314**	**21.1**

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NOTES:

[1] Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category. Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

[2] Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
   a. Coverage Type (COVTYPE) is non-Medicare (2-6)
   b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
   a. Delivery System (DELVTYP) is non-HMO (2-4).
   b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

1, All services with Coverage Type 1 or 7.